SBCH FFS Interim Rates Effective January 1, 2017 and forward

Service Definitions	Procedure Code	MSI Code - In District	MSI Code - Out of District		for Dates of Service	Interim FFS for Dates of Service 7/1/16 and forward	for Dates of Service		Max Units per day Procedure Code	Procedure Code Description
10-Counseling; 40-Counseling	96101	71 (per hour)	76 (per hour)	\$74.40	\$186.00	\$149.00		per Hour	8	Psychological Testing (per hour) use one unit increments
	90791	81 (per hour)	86 (per hour)	\$74.40	\$186.00	\$149.00		per Hour	8	Psychiatric diagnostic interview examination (per hour) use one unit increments
	90832	82 (per 30 min)	87 (per 30 min)	\$27.00	\$67.50	\$54.00		per 30 minutes	8	Individual psychotherapy (20-30 minutes) use one unit increments
	90853	83	88	\$6.75	\$16.88	\$14.00		per 15 minutes	4	Group Psychotherapy- 15 minutes
	90847	84	89	\$13.50	\$33.75	\$27.00		per 15 minutes	8	Family Psychotherapy - 15 minutes
11-Speech & Language Therapy; 41-Speech & Language Therapy	92507	62	67	\$13.50	\$33.75	\$27.00		per 15 minutes	8	Treatment of speech, language, voice -15 minutes
	92508	63	68	\$6.75	\$16.88	\$14.00		per 15 minutes	8	Treatment of speech, language, voice group -15 minutes
	92521	01	06	n/a	\$45.00	\$45.00		per session	1	Evaluation of speech fluency (e.g., stuttering, cluttering)
	92522	02	07	n/a	\$45.00	\$45.00		per session	1; Cannot be billed together with 92523	Evaluation of speech sound production (e.g., articulation, phonological process, aprazia, dysarthria)
	92523	03	08	n/a	\$90.00	\$90.00		per session	1; Cannot be billed together with 92522	Evaluation of speech sound production (e.g., articulation, phonological process, aprazia dysarthirai); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
	92524	04	09	n/a	\$45.00	\$45.00		per session	1	Behavioral and qualitative analysis of voice and resonance
08-Occupational Therapy; 38-Occupational Therapy	97003 ***	91	96	\$40.80	\$102.00	\$82.00		per Hour	8	Ended 1/1/17 OT Evaluation (per visit) use one unit increments
	97110 (GO)	92	97	\$10.20	\$25.50	\$20.00		per 15 minutes	8	OT Therapeutic procedure - 15 minutes
	97150 (GO)	93	98	\$5.10	\$12.75	\$10.00		per 15 minutes	8	OT Therapeutic procedure group - 15 minutes
	97165 ***	33	38				\$40.00	per 30 minutes	6	OT Evaluation - Low Complex, 30 minutes
	97166 ***	34	39				\$62.00	per 45 minutes	4	OT Evaluation - Mod Complex, 45 minutes
	97167 ***	40	45				\$82.00	per 60 minutes	3	OT Evaluation - High Complex, 60 minutes
09-Physical Therapy; 39-Physical Therapy	97001 ***	51	56	\$40.80	\$102.00	\$82.00		per Hour	8	Ended 1/1/17 PT Evaluation (per visit) use one unit increments
	97110 (GP)	52	57	\$10.20	\$25.50	\$20.00		per 15 minutes	8	PT Therapeutic procedure - 15 minutes
	97150 (GP)	53	58	\$5.10	\$12.75	\$10.00		per 15 minutes	8	PT Therapeutic procedure group - 15 minutes
	97161 ***	30	35				\$26.00	per 20 minutes	9	PT Evaluation - Low Complex, 20 minutes
	97162 ***	31	36				\$42.00	per 30 minutes	6	PT Evaluation - Mod Complex, 30 minutes
	97163 ***	32	37				\$61.00	per 45 minutes	4	PT Evaluation - High Complex, 45 minutes

SBCH FFS Interim Rates Effective January 1, 2017 and forward

Service Definitions	Procedure Code	MSI Code - In District	MSI Code - Out of District	Interim FFS for Dates of Service 6/30/13 and prior	for Dates of Service	Interim FFS for Dates of Service 7/1/16 and forward	for Dates of Service		Max Units per day Procedure Code	Procedure Code Description
xx-Respiratory Therapy	G0237	42	47	\$8.60	\$21.50	\$17.00		per 15 minutes	8	Therapeutic procedures to increase strength and endurance of respiratory muscles (15 minutes)
	G0238	43	48	\$8.60	\$21.50	\$17.00		per 15 minutes	8	Therapeutic procedures to improve respiratory function, other than described in G0237 (15 minutes)
	G0239	44	49	\$8.60	\$21.50	\$17.00		per 15 minutes	8	Therapeutic procedures to improve respiratory function, group - 15 minutes
07- Nursing Services; 37-Nursing Services	T1002	72	77	\$12.90	\$32.25	\$26.00		per 15 minutes	32	RN, APRN services - up to 15 minutes
	T1003	73	78	\$12.90	\$32.25	\$26.00		per 15 minutes	32	LPN/LVN services - up to 15 minutes
06-Medical Services; 36-Medical Services	T1023	12 (per visit=2 units)	17 (per visit=2 units)	\$33.00	\$82.50	\$66.00		per session	1	Service by a medical doctor (per visit) use one unit increments
03-Audiology; 33-Audiology	V5008	22	27	\$13.50	\$33.75	\$27.00		per 15 minutes	8	Hearing Screening - 15 minutes
	V5299	23	28	\$13.50	\$33.75	\$27.00		per 15 minutes	4	Hearing Services - 15 minutes
	V2799	24	29	\$18.60	\$46.50	\$37.00		per 15 minutes	8	Vision service, miscellaneous - 15 minutes
	97755	15	20	\$13.50	\$33.75	\$27.00		per 15 minutes	8	Assistive Technology Assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessiblity); direct one-on-one contact by provider, with written report, each 15 minutes
	T1019	74	79	n/a	n/a	\$2.10		per 15 minutes	32	Personal Care Assistance services
	H0031	41	46	n/a	n/a	\$17.50		per 15 minutes	24	Mental Health Assessment
	H2014	70	75	n/a	n/a	\$10.00		per 15 minutes	8	Behavior Modification Services (Applied Behavior Analysis)

^{*}Effective 1/1/14, MSI Code 61 (CPT Code 92506) has been deleted and replaced with 4 new, specific evaluation codes (92521, 92522, 92523, 92524)

^{**}Effective 7/1/16, MSI Code 21 (CPT Code 99499) has been eliminated.

^{***} Effective 1/1/17, MSI 51 (CPT Code 97001) and MSI 91 (CPT Code 97003) have been deleted and replaced with 6 new codes (97161, 97162, 97163, 97165, 97166, 97167)

Items in yellow are pending approval from CMS and are not billable until the SPA is approved.